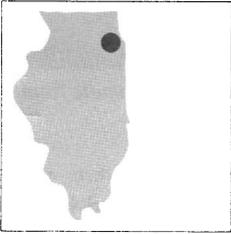


The Uptown People's Health Center, Chicago, Illinois

JOHN CONROY



The Uptown People's Health Center opened in August 1978, the result of months of hard political campaigning by the clinic's organizers. It was funded by the Cook County Health and Hospitals Governing Commission. The clinic opened with a staff of four full-time physicians, one internist, two pediatricians, one NHSC family practitioner, and a part-time obstetrician and a medical director paid by the governing commission. The start-up staff also included two physician assistants, one registered nurse, one licensed practical nurse, a dentist, a social worker, and a medical laboratory supervisor. By the time the clinic is fully staffed, a nutritionist, an optometrist, a health educator, and a dental hygienist will also have been hired through the NHSC.

Because a large number of former miners live in Uptown, the clinic has developed facilities for treating black lung disease. The staff has also treated patients for a variety of health problems, including tuberculosis, diabetes, industrial accidents, scabies, and hypertension. The center's administrators hope to serve patients from all income groups so the clinic can be a self supporting enterprise.

A MAN WORKS IN THE MINES for 10 years in Mingo County, W. Va. Coal dust settles in his bronchial tubes. Black spots appear on his lungs, and over the years the spots grow larger. It becomes more and more difficult for the miner to breathe. His lungs aren't giving enough oxygen to his blood, and he gets flaming chest pains when he tries to do the work he once did. So he moves his family to Chicago, to a neighborhood on the north side called Uptown, where he has relatives, where he might get a job he can handle in spite of his lungs, and where welfare checks are a bit higher if things just fall apart.

His disease has been called miner's asthma, silicosis, black lung, and pneumoconiosis. It is a manmade disease, found in every coal-mining country in the world, that can be prevented but cannot be cured. It is not a new disease. It was first reported in 1813, became compensable in Britain in 1943 and, in this country, it was a 1969 Federal statute that established it as an occupational disease of coal miners.

In Chicago, however, few people seem to know the disease exists. An estimated 10,000 former coal miners from Kentucky, West Virginia, Pennsylvania, and southern Illinois live in the area, with perhaps 2,000 in Uptown. Local physicians, however, have had no training in spotting the disease, so it has been difficult for a former miner to get care and almost impossible to get the certification which would allow him to receive the black lung benefits provided for in the 1969 law.

Between 1972 and 1978 almost 200 claims were filed by members of the Chicago Area Black Lung Association; only 15 members received benefits. The Commis-

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Opened in August 1978, the Uptown People's Health Center is located in a unique neighborhood where live former coal miners from Appalachia, American Indians, and people of many ethnic groups

sioner of the Board of Health maintained that there was no black lung disease to speak of in Chicago even after association members and their families demonstrated at his office to call attention to their plight.

The Black Lung Association, forced to go elsewhere for help, found it in the Department of Medicine at Cook County Hospital. Money was available from the Cook County Health and Hospitals Governing Commission for a neighborhood clinic for comprehensive care if the community could show both need and desire. In the spring of 1977, association representatives went to their neighborhood coalition, collected signatures, conducted a door-to-door health survey, found a possible clinic site, and began filing the necessary forms.

Association representatives and community organizers found that the ratio of physicians to population in Uptown did not indicate that the area was medically underserved. But a closer look revealed that Uptown's physicians were serving the community's wealthier citizens and former Uptown residents now living in the suburbs.

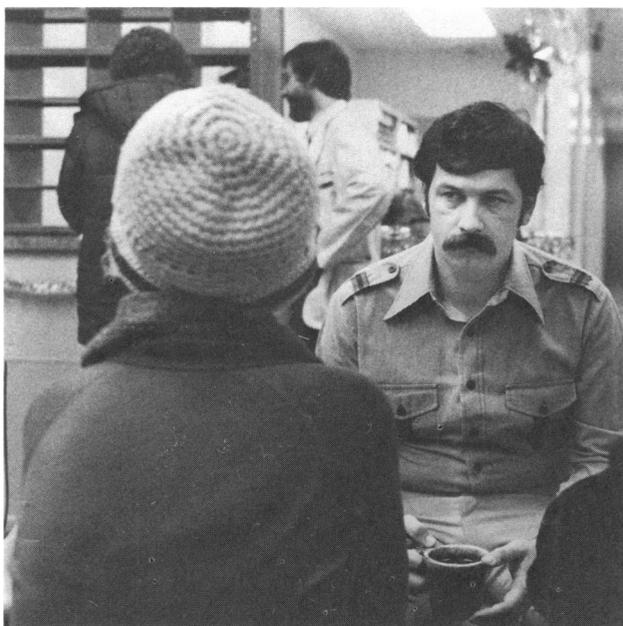
They also found that, although there were nine hospitals in the area, most of the people served by the hospitals were not from the community. When the clinic's organizers eliminated the wealthier enclaves from the Uptown statistics and concentrated on their target area, a much different picture of community health needs emerged.

Thirty percent of the people living in the area were unemployed, 55 percent of the families lived at poverty level, 71 percent had no phone, 55 percent no auto, and 7 percent no plumbing. Infant mortality was one-third higher than the city average. Alcoholism was prevalent, and deaths due to tuberculosis were twice the city average. Lead poisoning was present, and accidents were among the leading causes of death. The people surveyed complained that the neighborhood's privately owned storefront clinics, which compete for the Medicaid traffic, prescribed all kinds of pills but they never really treated the patients.

When the Chicago Board of Health learned of the



The center is open 40 hours, 6 days a week, including Tuesday evening and Saturday morning



Health center waiting room. More than 3,000 persons had been treated within 4 months after the clinic opened

community's proposal for the clinic, it objected strenuously, arguing that the proposed facility would be competing for patients with their Wilson Avenue clinic a mile away. The neighborhood organizers maintained that there was no competition because the need was so great.

The clinic organizers persevered, mustering busloads of people at crucial moments in the drive, and in August 1978, the Uptown People's Health Center opened its doors. "This was no goddamn gift of charity," says organizer Randy Saltz, a 30-year-old Vietnam veteran who is the community board's man on the scene at the clinic. "Truly thousands of people were involved in it."

The Community

Nowhere else in the world is there a place like Uptown. Blacks, Whites, Chinese, Japanese, Filipinos, Cubans, Koreans, Puerto Ricans, Mexicans, Asian Indians, Poles, Croatians, Germans, Jews, rich, and poor live in the area.

Thousands of American Indians from 60 different tribes live there, and Indian teenagers attend a special high school, Little Big Horn. Twenty one percent of the people have an Appalachian heritage; a storefront called the Southern Culture Exchange does its best to maintain their traditions by offering classes in quilting, whittling, and cornhusk doll-making. Thirteen thousand mental patients also live in Uptown, and the community is swollen with halfway houses.

Uptown's most striking aspect is that the wealthy and the poor live almost side by side. Highrises along the lake and enormous mansions just behind them house some of



Pensive patient awaits test results

the wealthiest and most powerful people in the city. A few blocks away, once-legitimate hotels are now inadequate nursing homes. Prostitutes walk the streets four blocks from \$100,000 homes, and the Aragon, formerly a famous ballroom, is a showcase for boxing matches and rock concerts.

Wealthy homeowners, local merchants, working-class residents who have always lived in Uptown, and young couples who bought apartment buildings, thinking the area would someday turn middle class, have united to form block clubs and community organizations which often do battle with the poor. The clubs and the chamber of commerce have even considered changing the name of the community, fearing that innumerable stories about the seedy side of the area have made the word Uptown synonymous with wino hotels, just released mental patients, prostitutes, and junkies. Other organizations have fought the expansion of social services in the area.

A mainstay of the poor community is the Intercommunal Survival Committee, a group which has developed a dozen projects — among them the Black Lung Association and the Uptown People's Health Center. The Survival Committee, leading the battle against an entrenched political organization, is trying to win the middle class over to its point of view. The committee feels that Uptown is one of the few neighborhoods in the city where large families with low incomes can afford to live. It argues that the lower and middle classes should recognize that each needs the other and then go on to do battle with what they perceive as the common enemies — large real estate interests and entrenched political powers.



Dr. Roger Benson (center) of Cook County Hospital, attending specialist in rheumatology, confers with Dr. Ronald Shansky (back to camera) and Dr. Rob Brinkman (right)

The Health Center

The Uptown People's Health Center is situated just off the corner of Lawrence and Broadway near a used book store, two furniture stores, a tavern, a candy store, and a Spanish film theater. The clinic's building was a restaurant for many years and later housed a health maintenance organization clinic which closed amid allegations of fraud. Now the space is modern, bright, cheery, and extremely clean. It has 16 examining rooms, a dental laboratory, a pharmacy, an X-ray room with leaded walls, a room for proctoscopy, 2 rooms for black lung testing, 3 waiting areas, and a staff lounge. A computer in the medical records section can produce the history of any patient who has been treated at Cook County Hospital or any clinic associated with it.

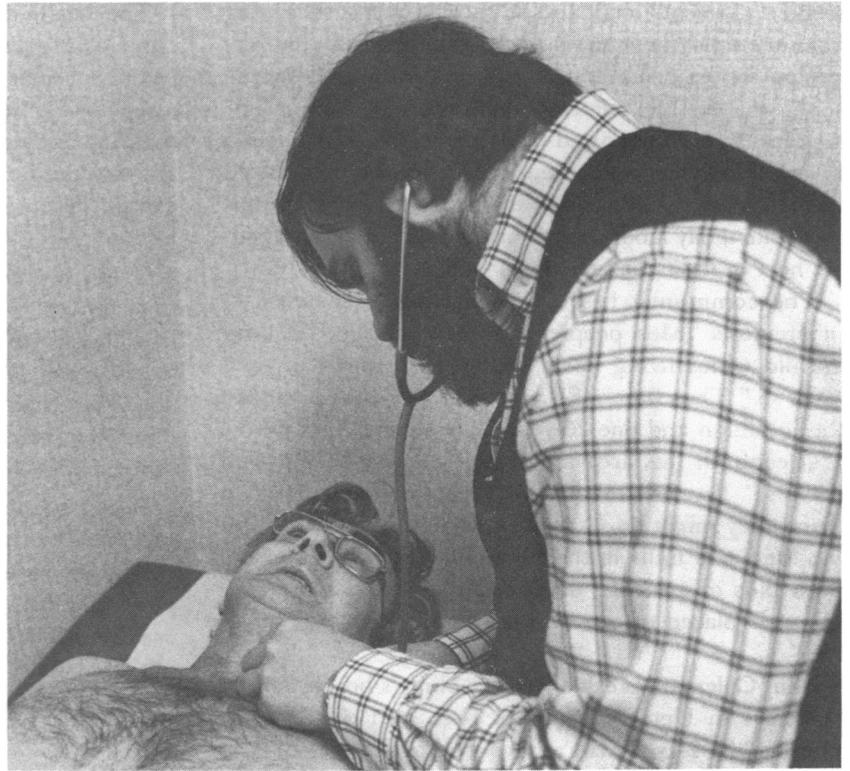
The center is open 6 days a week, a total of 40 hours including Tuesday evening and Saturday morning. Patients, scheduled by appointment, see the same physician each time they come. They are charged for services based on their ability to pay. The clinic's long-term goal is to have 50 percent of the clients able to pay in full for services. At that point, the administrators at the clinic estimate that it will be self-supporting.

The community board chose the clinic staff, interviewing 200 applicants for 30 positions. They looked for people from different ethnic sectors of Uptown so that the

clinic would represent all of the community. Those chosen were Black, Latino, American Indian, East Indian, and Appalachian. Dr. Ron Shansky, the medical director, Mary Kuttner, the clinic administrator, and Slim Coleman, president of the community board, have known each other for years. They are experienced in delivering health care to the poor and have similar views on how it should be done.

"What we are trying here is to combine the best of the private sector — the personalized care — with the best of the public sector — accountability to the community and no economic barriers," Dr. Shansky says. He sees the clinic as "a place where ability to pay is not the first question asked, and where, no matter what your financial situation is, it's not going to prevent you from getting care. We're small, and we intend to stay that way. When we reach the point where the doctors are backed up for weeks, it's not the time for us to become a 40-doctor operation. We must maintain the personality of the care. If Uptown needs another clinic, set one up. Don't overload this one."

Dr. Shansky, 33, comes from the staff of Cook County Hospital where he is in charge of creating a model of decentralized, community-operated, ambulatory care centers. Shansky spends 24 hours a week as Uptown's medical director. He devotes the rest of his time to developing



Dr. Shansky, medical director, examines Lawrence Zarnes, president of the Chicago Area Black Lung Association. The association helped to get the clinic started. Some 2,000 former coal miners live in Uptown area

four other clinics and to serving as a staff doctor at the Federal jail in downtown Chicago.

He wants the physicians at his clinics to be committed, to stay for a long time. He will use no trainees. One reason the Uptown Clinic got off to such a good start is that Shansky found the physicians himself and then had them apply to the National Health Service Corps, but he says the model will work with Corps-recruited physicians as well.

By the end of the first year, Shansky wants 90 percent of the 2-year-olds in the target area to be completely immunized, 80 percent of the pregnant mothers to be coming to the clinic for their first prenatal visit in the first trimester, and 90 percent of the women over age 18 who come for primary care to have documentation of a Pap smear. Shansky is also working on establishing privileges for the clinic's physicians at several area hospitals; the hospitals in Uptown have not welcomed the poor in the past, but Shansky has secured a promise from the Health and Hospital's Governing Commission that the Commission will guarantee all costs of the clinic's "unsponsored" patients.

By the twelfth month of operation, it was anticipated that the clinic's four physicians would be treating an average of three people per hour. By the end of the second year — because many of the patients would have been seen before — the clinic board projected that the

physicians would see four patients per hour. Four months after the opening, more than 3,000 patients had been treated. Coleman, Shansky, and Kuttner were careful not to bring in more patients than they could handle, because they had had experience with clinics becoming crisis centers.

Uptown's providers spend more time with patients than physicians in other neighborhoods, usually because the health problems of the poor are often more serious than those of the middle and upper classes. The poor don't go to a physician until they are certain they cannot clear up the problem themselves. During the interval, when they try home remedies, their problems worsen.

"In a private clinic, people come in with colds and sore throats. Thirty to forty percent of the patients you see have upper respiratory infection," says, Dr. Ron Brinkman, an unpretentious and accessible 31-year-old who practiced for several years in a private clinic in the suburbs before joining the National Health Service Corps. "Here, about 10 percent come in with that. I see a lot of cardiac and pulmonary problems and urinary tract infections. I've treated 25 to 30 men with black lung, and there's a high incidence of asthma here too. I don't know why."

No statistics are available yet on the health of the clinic's patients, but the staff indicates that the primary

problems are emotional and physical ailments stemming from unemployment and poverty. Depression and hypertension are very common. Among Spanish-speaking patients, diabetes is relatively frequent, and recent immigrants from Mexico and Puerto Rico are often plagued by gum problems and darkened teeth, a condition caused by high levels of fluoride in the drinking water. A contract with a day labor agency has brought in several people hurt in industrial accidents.

The community has a relatively high incidence of tuberculosis. "Most people think those who get TB today are old winos living in men's hotels," Brinkman says, "Not so." The clinic's TB patients so far have included four children and one 20-year-old woman.

"People in this area are skeptical, even hostile with doctors," Dr. Brinkman says. "You say something to them, they might do it, they might not. It's the result of the Medicaid mills in the neighborhood, where doctors push pills on patients, don't examine them, and a premium is placed on seeing patients as quickly as possible."

Slim Coleman, president of the clinic's board, agrees. "Doctors in Uptown have not been part of the community," he says. "They're like a department store with higher prices. They're the last thing you go to when you get sick. You try home remedies, you try to find a different job, a different apartment, a different neighborhood, or maybe you cheat on your wife. You don't go to Marshall Field's when you can go to Woolworth's."

Walter Leslie Coleman, known to everyone in the neighborhood as Slim, is tall, thin, in his mid-30s, and originally from Texas. He gives the impression of being an easy-going character with a quick laugh and a remarkable ability to tell a good story. Underneath that front is a street-smart organizer with a political savvy acquired in countless battles with bureaucrats, police, aldermen, mayors, real estate tycoons, slumlords, health agencies, and businessmen. Also buried there is a Harvard education. He presides over a community board once denounced by the local alderwoman as "stacked with low-income residents."

"It is stacked with low-income residents," Coleman retorts, "and it will remain stacked. That's the first time I ever heard anyone plead affirmative action for the rich."

Coleman, board secretary Helen Shiller, and other members of the Intercommunal Survival Committee have been involved in many other civic projects. They have chosen officials at local schools. They have revised a local college's curriculum to cater to the community's needs for education and for full-time employment. The committee runs a food co-op and distributes toys to neighborhood kids at Christmas. Mothers affiliated with the group have paid visits to local stores to demand that shopkeepers not sell glue to children.

The health center's board is careful not to use the clinic as a political tool. "When you come in the door you're not smacked with voter registration information or a copy of our newspaper," community board representative Randy Saltz says. "I'm concerned with health care and that this be identified as a health clinic where people can get decent care. If we get into different issues, we'll lose it."

That's not to say, however, that the clinic is isolated from the rest of the board's activities. "Somebody comes in with a cold," Saltz says, "and we try to get the providers to ask, 'Why you got a cold? You got broken windows? No heat?' Then the providers let me know, and I direct the patient to our legal department, and the next thing you know, the landlord is in court."

Board members are encouraged to visit the clinic as often as they can. "Most boards are just thrown together, they aren't strong," Coleman says. "A hospital sets up a clinic and then gets an advisory board. Well that's not the case here. This is not an advisory board, this is the board of directors."

The board has been active in outreach for the clinic and has run a dental education program in several elementary schools. Board members have also acted as advocates for patients when they have thought that a physician hasn't quite grasped a situation. "Once one of the providers told a patient, 'Go home and soak in a hot tub.' Well, the patient didn't have a hot tub," Coleman recalls. "Another time the doctor tells the mother of a kid with strep throat to keep him away from drafts and other kids. Well, the family has 10 kids and they live in a 3-bedroom apartment where the wind blows through. We came back to the doctor and told him, 'You're just going to have to treat the whole family.'"

Not everyone shares Coleman's opinion that a good board is a strong one. One dentist resigned, in part for personal health reasons, but also because he did not share the political sympathies of the group and did not care for the board's management of activities he thought were his province. A social worker assigned to the clinic also left because her political beliefs clashed with those of the board.

It is still too early to make any predictions about the success of the clinic. A lot of equipment has yet to arrive, much of the staff have not yet been hired, and the middle-class members of the community who will have to be attracted to the clinic in order for it to become self-sufficient have not yet been solicited. Dr. Shansky, however, is confident that the model will work. "Publicly controlled care is the only source that will care for people humanely without financial impediments, that will get involved in preventive care and community education because turning a profit is not an issue," he says. "If you want to serve the poor, this is the only way to go."